

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

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Public Health

Revised 2/2011

PUBLIC DOCUMENT REQUEST FORM

DATE OF REQUEST: _____ (Please indicate only 1 location per form)

☐

RESIDENTIAL

☐

COMMERCIAL

☐

MIXED USE

☐

PUBLIC BLDG/LAND

LOCATION/ADDRESS: _____

BUILDING OR ESTABLISHMENT: _____

☐

INSPECTION REPORTS

☐

COMPLAINT INSPECTIONS

☐

FOOD ILLNESS INVESTIGATIONS

☐

LEAD PAINT
(Residential Only)

☐

ASBESTOS
(Residential Only)

☐

ANIMAL PERMITS
(Residential Only-Check List)

☐

WELL PERMITS
(Irrigation/Monitoring-List)

☐

LICENSE/PERMIT ISSUED
(Computer Lists)

☐

CERTIFICATE OF HABITABILITY
(Residential Only)

☐

21 E

☐

TITLE 5 (SEPTIC SYSTEMS)

☐

OTHER*

*OTHER (Be specific):

Print-Name of person requesting information

Name of Company or Firm

Address

Home Phone

Work Phone

Cell Phone/Pager

Fax

Signature

OFFICE USE ONLY

ACTION TAKEN:

☐

VERBAL INFORMATION

☐

TELEPHONE RESPONSE

☐

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DATE PROCESSED: _____ HEALTH AGENT: _____ FEE: \$

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